

S. No. 300
LV. 10.48

LEO OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36043

BIRTH NO. _____ REG. DIST. NO. 220 PRIMARY REG. DIST. NO. 6080 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY Ste Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ste Genevi	
b. CITY OR TOWN Saline Twp.		c. CITY OR TOWN Saline	
c. LENGTH OF STAY (in this place) 20 years		d. STREET ADDRESS (If rural, give location) near Coffman Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) SAMUEL b. (Middle) GEORGE c. (Last) STUCKEY			4. DATE OF DEATH (Month) Oct (Day) 14 (Year) 1951		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 3 1876		9. AGE (In years last birthday) 75		10. YR UNDER 18: Months 5 Days 11 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) COVINGTON KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U. S. A	

13a. FATHER'S NAME WILLIAM STUCKEY		13b. MOTHER'S MAIDEN NAME FLORA NICHOLSON		14. NAME OF HUSBAND OR WIFE MARY STUCKEY	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. MARY STUCKEY ADDRESS Farmington rt 3	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic aneurysm ruptured.				10 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic vascular disease					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Jan 10 1949**, to **Sept 28 1951**, that I last saw the deceased alive on **Sept 28 1951**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D		23b. ADDRESS Farmington Mo.		23c. DATE SIGNED 10-15-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct 16 1951		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		24d. LOCATION (City, town, or county) (State) near Coffman Mo.	
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DATE REC'D BY LOCAL REG. Oct 17 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE C. H. Cozean ADDRESS Farmington Mo	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

The No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 20 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. H. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body, is not embalmed, fact should be so stated above.